

Name  
in  
Full

David Blake

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chestertown</i> <sup>Town</sup>		<i>Kent.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept.</i>	Day <i>16</i>	Age <i>28</i>	Years <i>2</i> Months <i>9</i> Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birthplace <i>Chestertown</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>She live in N.Y. State</i>				
Father's Name <i>Robert. Blake</i>	Father's Birthplace <i>Kent co md</i>				
Mother's Maiden Name <i>Sarah. Hopkins</i>	Mother's Birthplace <i>Kent co md</i>				
Name of person giving information <i>Robert Blake</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption Lungs.</i>	How long <i>2 yrs.</i>
Immediate <i>Emulsion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas W. Whelan</i>
<i>own</i>	Address <i>Chestertown Md</i>
Accident or Suicide? <i>own</i>	

My first Visit — dead.

before. I. saw him but.

I know him from  
a child & was fully  
aware of his Condition

C. W. Whaley

Name in Full		Hollis Broadway				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Chestertown	County Kent	MARYLAND		
		Date of death	1906	Month Sept	Day 5th	Age —	Years —	Months 5
		Sex	Male		Color or Race	Col		Birth-place
		Occupation			Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name Wesley Broadway				Father's Birthplace Pa		
		Mother's Maiden Name Laura O Murray				Mother's Birthplace Md		
		Name of person giving information Laura Broadway				How related to deceased Mother		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Enterocolitis		How long	3 weeks	
		Immediate		Exhaustion		How long	Several days	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician H. G. Simpson		
				Address Chestertown				
		Accident or Suicide?		No				

Chester Col Cenn

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Betherton</u> Town		<u>Hunt</u> County		MARYLAND	
Date of death	<u>1906</u>	Month	<u>Sept</u>	Day	<u>20</u>
Age		<u>48</u>	Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>U. S.</u>
Occupation	<u>Manager</u>	Where Residing if not at place of death		<u>Phil a</u>	<u>Pa</u>
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	<u>Dr. A. L. Harris</u>
Address	<u>Betherton Md</u>
Accident or Suicide?	

2.00

10.00

4.00

1.00

---

17.00

Name  
in  
Full

Oscar Carter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *run Galena* TownCounty *Kent*Date of death *1906* Month *Sept* Day *23*Age *—* YearsMonths *2*Days *—*Sex *Male*Color or Race *Black*Birth-place *Kent Co Md*Occupation *—*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *—*Name of Wife or  
Husband *—*Father's  
Name*William Carter*Father's  
BirthplaceMother's  
Maiden Name*Esther Miller*Mother's  
Birthplace*Kent Co Md*Name of person giving  
in formation*John Varner*How related  
to deceased*not at all*

## CAUSES OF DEATH

Primary

*Inanition*

How long

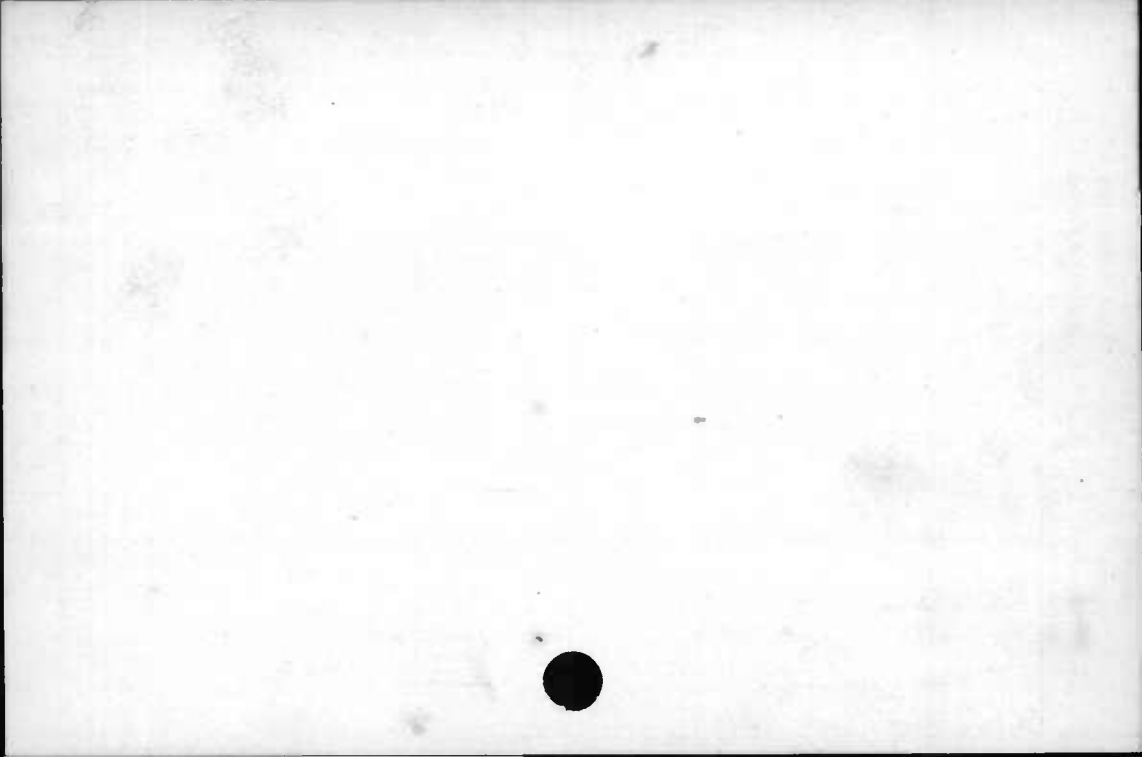
Immediate

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Edward A Scott**Galena Kent Co,  
Md.*

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Maggie Bertha Cole</b>		Town <b>Coleman</b>		County <b>Stent</b>		MARYLAND	
Died at		Month <b>Sept</b>		Day <b>13</b>		Years <b>22</b>	
Date of death <b>1906</b>		Age <b>22</b>		Months <b>—</b>		Days <b>—</b>	
Sex <b>female</b>		Color or Race <b>Black</b>		Birth-place <b>Ind</b>			
Occupation <b>—</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Charles Cole</b>		Father's Birthplace <b>U.S.</b>					
Mother's Maiden Name <b>Allie Brown</b>		Mother's Birthplace <b>U.S.</b>					
Name of person giving information <b>Wm Walley</b>		How related to deceased <b>Step-father</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Tuberculosis.</b>		How long <b>10 months.</b>	
Immediate <b>27</b>		How long <b>—</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes.</b>		Signature of Physician <b>Wm. S. Maxwell.</b>	
		Address <b>Still Pond, Md.</b>	
Accident or Suicide? <b>—</b>			



Name  
in  
Full

Moses Cole

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Betterton</u> Town		<u>Hunt</u> County			
Date of death	<u>1906</u> Month	<u>Sept</u> Day	<u>29</u> Age	<u>11</u> Years	Months <u>—</u> Days <u>—</u>
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>md</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>Robert Cole</u>			Father's Birthplace	<u>U. S.</u>
Mother's Maiden Name	<u>Wiggie Graves</u>			Mother's Birthplace	<u>U. S.</u>
Name of person giving information	<u>R. Cole</u>			How related to deceased	<u>father</u>

## CAUSES OF DEATH

Primary	<u>Bright's disease</u>	How long	<u>6 mo.</u>
Immediate	<u>Haemia.</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician	<u>Wm. S. Maxwell,</u>
		Address	<u>Still Pond, Md.</u>
Accident or Suicide? <u>—</u>			



Name  
In  
Full

Isabelle Deputy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> near Worton<sup>County</sup> Kent

Date of death 1906 Sept.

Day 10

Age

Years

Months

Days

21

Sex Female

Color or  
Race

White

Birth-  
place

(near Worton)

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John L. Deputy

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Rose E. Beck.

Mother's  
Birthplace

"

Name of person giving  
informationHow related  
to deceased

Brother

## CAUSES OF DEATH

Primary

I do not know

How long

Immediate

Cholera infantum

How long

24 hours.

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

G. W. Simmick.

Address

Chester town at present -

Accident or Suicide?

~

St. Pauls Cemetery  
John M. Dodd  
undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Elizabeth Downes</i>		Town <i>near Chestertown</i>		County <i>Kent</i>		MARYLAND					
Died at		Month <i>Sept</i>		Day <i>3</i>		Years <i>25</i>		Months <i>—</i>		Days <i>—</i>	
Date of death <i>1906</i>		Age <i>25</i>		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Kent Co.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>Married</i>		Name of <del>Wife</del> Husband <i>Joseph H Downes</i>									
Father's Name <i>Edward Pasin</i>		Father's Birthplace <i>—</i>									
Mother's Maiden Name <i>Lottie Newnam</i>		Mother's Birthplace <i>—</i>									
Name of person giving information <i>Loua Johnson</i>		How related to deceased <i>None</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>5 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. P. Gouneau M.D.</i>
	Address <i>Wilmington Md</i>
Accident or Suicide? <i>—</i>	





Name  
In  
Full

Hannah A. Fountain

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chestertown</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>Sep</u> <small>Day</small> <u>16th</u> <small>Age</small> <u>67</u> <small>Years</small>		<u>67</u> <small>Months</small>		<u>  </u> <small>Days</small>	
Sex <u>Female</u>		Color or Race <u>Col</u>		Birth-place <u>Md</u>	
Occupation <u>  </u>		Where Residing if not at place of death <u>  </u>			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>  </u>			
Father's Name <u>Dont know</u>		Father's Birthplace <u>  </u>			
Mother's Maiden Name <u>Dont know</u>		Mother's Birthplace <u>  </u>			
Name of person giving information <u>Etta Barron</u>		How related to deceased <u>Daughter</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Polar Pneumonia</u>	How long <u>93</u> <u>8 days</u>
Immediate <u>Apnoea</u>	How long <u>several times</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. J. Sumners</u>
	Address <u>Chestertown</u>
Accident or Suicide? <u>No</u>	

Chesapeake Col Cem

*Alonzo Neal Frazer*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Pinner Neck near Rock Hall Kent</i>		County <i>Kent</i>	
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>30</i>	Age <i>13</i> Years <i>3</i> Months <i>3</i> Days
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation <i>—</i>		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>James Frazer</i>		Father's Birthplace <i>Kent Co Md</i>	
Mother's Maiden Name <i>Annie M. Moore</i>		Mother's Birthplace <i>Berghina</i>	
Name of person giving information <i>Ella Wood</i>		How related to deceased <i>Friend</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebro-spinal Meningitis</i>	How long	<i>24 hours</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. C. Seely M.D.</i>	
		Address <i>Rock Hall, Md.</i>	
Accident or Suicide?			

11/16



Name

in  
Full

Margaret Ann Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Still Pond</i>		Town <i>Still Pond</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Sept</i>		Day <i>19</i>		Age <i>58</i>	
Sex <i>Female</i>		Color or Race <i>Black.</i>		Birthplace <i>U.S.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Thomas Jones</i>					
Father's Name <i>Edward Rosey</i>		Father's Birthplace <i>U.S.</i>					
Mother's Maiden Name <i>Eliza White</i>		Mother's Birthplace <i>U.S.</i>					
Name of person giving information <i>Thos Jones</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>several years</i>	
Immediate <i>Pulmonary hemorrhage</i>		How long <i>one hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>J. H. Montross</i>	
		Address <i>Still Pond, Md.</i>	
Accident or Suicide?			

Mr. Lion,

Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

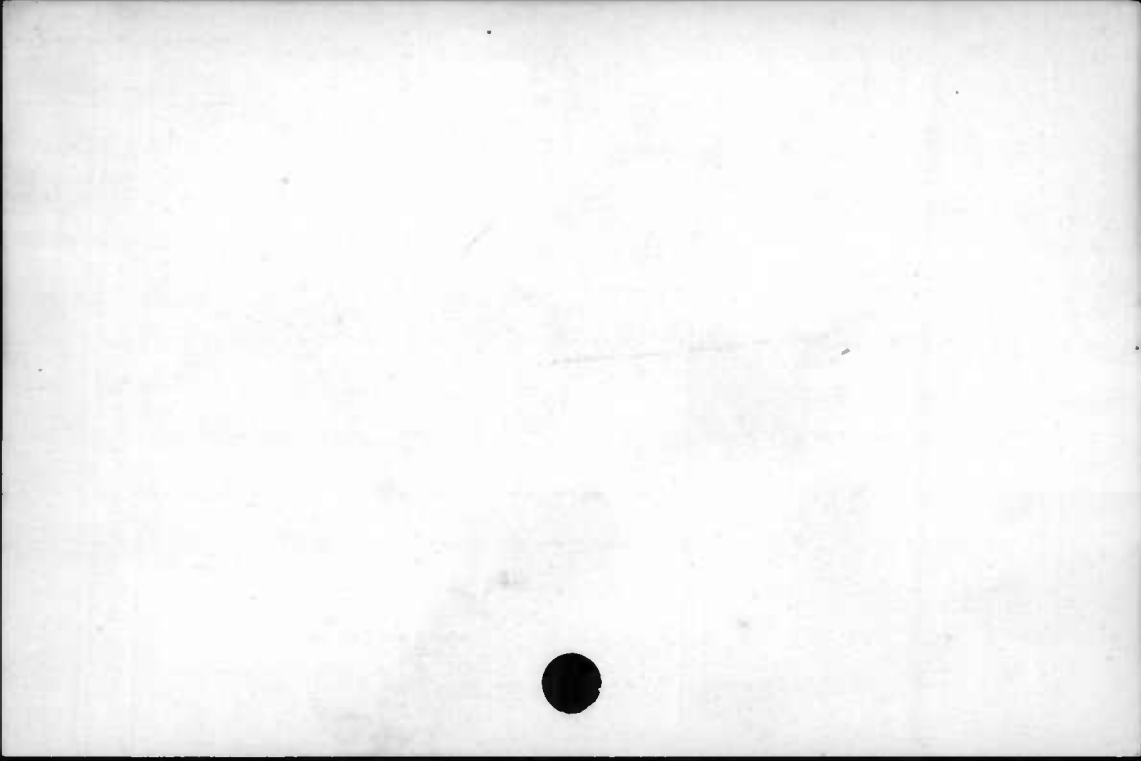
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Melato</i> <small>Town</small>		<i>1</i> <small>County</small>			
Date of death <i>1906</i> <small>Month</small>	<i>Sept.</i> <small>Day</small>	<i>1st</i> <small>Age</small>	<i>22</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birthplace <i>Kent Co Md.</i>			
Occupation <i>H. Wife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Lomax</i>				
Father's Name <i>William H. Mason</i>	Father's Birthplace <i>N. Carolina</i>				
Mother's Maiden Name <i>Amanda Reed</i>	Mother's Birthplace <i>Kent Co Md</i>				
Name of person giving information <i>Sandy Ford</i>	How related to deceased <i>Half sister</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>5 months</i>
Immediate <i>Choking</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. G. Randolph</i>
	Address <i>Hastertown Md</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Romie Wilson

## CERTIFICATE OF DEATH

MARYLAND

Died at *Butlerstown* Town *Kent* CountyDate of death *1906* Month *Sept.* Day *6* Age *—* Years Months *4* Days *17*Sex *Male* Color or Race *Colored* Birth-place *Kent Co*Occupation *Man* Where Residing if not at place of death *—*Married, Single or Widowed *I* Name of Wife or Husband *—*Father's Name *Edw Wilson Jr* Father's Birthplace *Tenlee*Mother's Maiden Name *Phonil Stephens* Mother's Birthplace *Danstown*Name of person giving information *Edw Wilson Jr* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Rachitis* How long *all life*Immediate *"* How long *all life*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *H B Simmons M.D.*Address *Chesterstown*  
*No physician attendance*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

